

Voyage 1 Limited

Langley House

Inspection report

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Date of inspection visit:
03 January 2019

Date of publication:
12 February 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Langley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Langley House is registered to provide care and accommodation to up to 12 people with a learning disability. Langley House is split into three different homes all sharing the same grounds. People receive support from one staff team and all people have access to the main house. At the time of this inspection there were 11 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

Recruitment, staffing, medicine management, infection control and upkeep of the premises protected people from unsafe situations and harm.

Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The registered manager worked with the local authority safeguarding adults team to protect people.

Staff were trained and supported to be skilled and efficient in their roles. They were very happy about the level of training and support they received and showed competence when supporting people.

The premises provided people with a variety of spaces for their use with relevant facilities to meet their needs. Bedrooms were very individual and age and gender appropriate.

Staff promoted people's dignity and privacy. Staff provided person-centred support by listening to people and engaging them at every opportunity. Staff were very kind and caring and people using the service were calm.

Support plans were detailed and reviewed with the person when possible, staff who supported the person and family members. Staff looked to identify best practise and used this to people's benefit. Staff worked with and took advice from health care professionals. People's health care needs were met.

People had a variety of internal activities (such as art and craft) and external activities which they enjoyed on a regular basis.

The registered manager ran a well organised service. Relatives' views were sought, and opportunities taken to improve the service. Staff were supervised, supported and clear about what was expected of them. Audits and checks were carried out in-house, so any problem could be identified and rectified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidelines. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Langley House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 03 January 2019 and was unannounced.

The inspection was carried out by one adult social care inspector.

We were unable to speak with some people using the service due to their highly complex needs. We therefore spoke with one person, two relatives, staff and healthcare professionals to help form our judgements. We observed the care and support provided and the interaction between staff and people using the Short Observational Framework for Inspection (SOFI). This is a helpful tool to use if we are unable to find out people's experiences through talking to them, for example if they have dementia or other cognitive impairments.

We spoke with the registered manager, the deputy manager, the operations manager and four staff members. We looked at three people's care records and associated documents. We looked at four staff files, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from staff meetings and a selection of the provider's policies. We also looked at records that related to how the home was managed, such as quality audits, fire risk assessments and infection control records.

Before our inspection we reviewed all of the information we held about the home, including notifications of incidents that the provider had sent us. We looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

After the inspection, we contacted seven healthcare professionals for their views of the service, two of whom replied to us.

Is the service safe?

Our findings

The service remains safe.

Staff told us, and records seen confirmed, that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Staff told us, "There's a safeguarding checklist in place which is a good way of making sure we've informed everyone who needs to be informed and followed everything up" and, "The manager would definitely do something, but I'd go to the local authority or CQC if I had to." Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Staff had been through a robust recruitment system to keep people safe. This included pre-employment checks to confirm the person was of good character. One relative told us, "The manager selects staff very well. The manager is an anchor and brought changes in that have improved the home." The registered manager told us, "New staff have a buddy to work with when they start working with people." One healthcare professional told us, "I have nothing but praise for the staff at Langley House, in particular the manager and deputy. I have found them to be courteous, calm in the face of any "crisis" events occurring at the home."

On the day of our inspection, people were supported by sufficient numbers of staff with the right skill mix to meet their needs in a relaxed and unhurried manner. One relative told us, "There's never any staff shortages." Staff told us, "I definitely think there are enough staff" and, "I think there's always enough staff and staff cover for each other if they're off sick." The deputy manager explained how they were monitoring the care one person received to be able to adapt to their needs and told us, "Staffing is flexible to meet people's needs." The manager ensured staff on duty had the skills and training required to meet people's needs.

People's medicines were administered by staff who had their competency assessed on an annual basis to make sure their practice was safe.

One person was receiving covertly administered medicines. Covert administration is when medicines are administered in a disguised format. The registered manager had held a best interest meeting for this and had completed a risk assessment. A pharmacist had been involved. No one was self-medicating, though the providers medicines policy contained the process for staff to follow should this be necessary.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to

medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct. One relative said, "There's a clear process when [name] comes home. It's written down and we sign for medicines we bring home. It's as safe as it could be." Relatives confirmed people had their medicines reviewed annually with a GP. One healthcare professional told us, "Medication plans are acted upon and concerns passed back to me."

The premises were clean and odour free during our inspection. Staff were observed washing their hands before handling food. Staff told us, "The home is always clean" and, "I have no concerns about infection control." The registered manager audited the cleanliness of the home quarterly. A member of staff attended Public Health England training for managing outbreaks of infection. All cleaning materials were colour coded to reduce the risk of spreading infection.

Risks to people were identified using assessments. The assessments we looked at were clear. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly. People's risk assessments identified why the assessment was needed, how the person had been involved in the assessment and what they were being supported to achieve.

There was a clear process for reporting accidents and incidents; staff were aware of these. The registered manager reviewed all accidents and incidents to ensure appropriate actions had been taken to prevent recurrence. Any learning was shared across the organisation.

Major incident contingency plans were in place which covered disruptions to the service which included fire, loss of gas, oil, electricity, water or communications. Business continuity plans were also in place for severe weather. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP), which gave staff the information they needed to support people.

A number of maintenance checks were carried out weekly and monthly. These include the water temperature, equipment such as wheelchairs and bedrails as well as safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances, any lifting equipment such as hoists and the lift.

Is the service effective?

Our findings

The service remained effective.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us, "It's important to make sure we're allowing people to make choices they can make. We assume capacity unless proved otherwise. Every decision is specific so they have as much control over their lives as possible, while ensuring they're safe."

Families, where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. The registered manager understood their responsibilities to hold best interest meetings.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager had made applications for DoLS for all 11 people living in the home, eight of which had been authorised. The registered manager had followed up local authorities who had not responded to the applications. Where people had conditions attached to their DoLS, such as requiring an advocate to be appointed, these had been met. This meant the registered manager had followed the requirements of the DoLS.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff were supported to complete training which met the standards required by the Care Certificate, which is a nationally recognised standard which gives staff the basic skills they need to provide support for people.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff received training to support people's individual needs and had access to information about complex needs such as Autism. One member of staff said, "I enjoyed the face to face training such as Autism training. The way the training was delivered was putting us in people's shoes and was an eye opener to the world of Autism. It was really good training." Staff also told us they could request additional training. Staff who wished to develop professionally were also able to complete leadership training.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us they felt supported by the manager, and other staff. Staff also benefitted from an annual appraisal. Appraisals gave both managers and staff the opportunity to reflect on what had gone well during the year and areas for improvement or further training required. This helped to make sure staff had the required skills and confidence to effectively support people.

The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. Staff worked closely with the Speech and Language Team (SLT) regarding different levels of food consistency and dysphasia needs of people, as well as providing dairy free and gluten free diets.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People had annual health checks and medicines reviews. One relative said, "[Name] has regular hospital and dental checks, they see everyone they need to."

There was equalities and diversity policy in place and staff received training on equalities and diversity. Staff understood their responsibility to help protect people from discrimination and ensure people's rights were protected. For example, they included people in decision making where this was possible.

People's diverse needs were being met through the way the premises were used. The house was a converted property with two additional building in the grounds. Where people benefitted from individual or small groups, their living arrangements supported this. People had a variety of spaces in which they could spend their time, including a sitting room and dining room in the main house. People's bedrooms were decorated according to their choice.

Is the service caring?

Our findings

The service was still caring.

People were relaxed in the company of staff and responded well to them. Staff were attentive and had a kind and caring approach towards people. Relatives told us, "Without exception staff are kind", "They're very caring" and, "There are no staff there I wouldn't be happy to be around." Staff told us, "Once you get to know people you understand whether they're happy or sad. I read the care plans to get a good understanding of their routines and likes/dislikes" and, "You have to have empathy with people in this role. You just need to be a caring person or you're not suitable for the job." One healthcare professional told us, "There is a calm and kind atmosphere. People are always clean and appear happy."

People using the service were not able to give us feedback directly about the care that they received. Observations during the inspection showed people were comfortable around the staff and had positive interactions. One healthcare professional told us, "Staff are supporting people with very complex conditions and I have been impressed by the management strategy, compassion and the feel that they are a team working for the well-being of their residents."

The home had links to local advocacy services to support people if they required it. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Staff were offering people choice, encouraging them to undertake tasks independently and supporting them where needed. Staff said, "We encourage people to do as much as they can for themselves." Before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout people's support plans, we saw evidence that people's right to consent was recognised.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their preferences.

Relatives told us people were given information they needed, when they needed it. Relatives said, "They communicate well with [name]", "They give the information when [name] needs it and, "They explain everything."

Most people who lived in the home were not able to make decisions about what care or treatment they received. Staff knew people's individual communication skills, abilities and preferences. Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. Staff said, "I think the service is very good at adapting to everyone's needs, we're caring but sometimes need to adapt our styles. Everything here is for the guys. People can get out and about. Staff have a range of skills, so staff who like gardening can help people who like this."

Each person had their care needs reviewed on a regular basis. Families and local authority representatives were able to take part in reviews, if appropriate. Staff said they spent time with people and got to know them well. One person told us, "I like [staff name]." This person told us about their plans for the next few days.

Staff were aware of issues of confidentiality and did not speak about people in front of others. When they discussed people's care needs with us they did so in a respectful and compassionate way. Staff said, "Anything we know or hear stays here and doesn't go outside" and, "I'd never sit in the lounge and talk about one person in front of others, it's not appropriate. I don't sit in the pub and talk about work, you never know who's listening."

Staff told us how they promoted people's privacy and dignity and explained how they covered people and ensured curtains and doors were closed.

Is the service responsive?

Our findings

The service was still responsive.

People's needs were assessed before they began to use the service and reviewed regularly thereafter. People's assessments considered all aspects of their individual circumstances their dietary, social, personal care and health needs and considered their life histories, personal interests and preferences.

Each person had a plan which clearly described the care and support they required and how staff should provide it. Information was also included about who the important people in their life were, how they communicated, what medicines they took and what daily routines they had. Care plans were focussed upon the person's whole life and how they preferred to manage their health. Health Action Plans were in place describing the support the person needed to maintain their health.

Care plans were person centred and clearly identified the particular ways of providing support that were unique to that person. One plan, for example described the particular behaviours that may indicate the person was upset and seeking reassurance. From our discussions with staff, it was clear they were knowledgeable about the people they were supporting and told us about the particular behaviour that may mean someone was upset. Care plans were reviewed on a regular basis. One relative told us, "We're kept well informed, it's excellent." One healthcare professional told us, "They have efficient, good communication, record keeping and I'm invited to one to one meetings."

Staff told us, "Support plans say how people like to be supported, how much they can do for themselves and what support they need. Care plans are very detailed because people's needs are different" and, "Care plans are a good base but we shadow and buddy up, best way to learn is observing and getting involved. All staff are encouraged to be involved in writing care plans. They're living documents, people's needs are always changing." One healthcare professional told us, "Staff feedback appropriately regarding the patients with epilepsy who live there. I receive written updates in between clinic appointments. Seizure descriptions are good."

Staff were supporting two people to transition into supported living. The people concerned had been placed at Langley House following difficulties with their previous placements due to their anxieties. With support from staff, both people were less anxious and had been able to access community activities.

Relatives told us they were invited for annual reviews. They told us, "We're able to contribute our thoughts and comments. A plan is drawn up for the following year; they might not achieve everything in the plan but that will be discussed the following year."

Each person had their own activity planner. This showed the activities the person would do in the morning, afternoon and evening, such as shopping, doing their laundry or relaxing listening to music. People were able to be flexible and could choose whether they wanted to do an activity or not, or they could choose something else to do. Other activities available to people included using a hydro-pool, horse-riding,

trampolining, day trips to the beach, disco, looking after animals and walking. One relative told us, "[Name] had plenty of one to one with staff." One healthcare professional told us, "People attend various activities."

Concerns and complaints were used as an opportunity for learning or improvement. There had not been any formal complaints. Relatives told us, "I have no concerns" and, "We've never had to make a complaint. If there's an issue we deal with it straight away and they take things on board." Staff told us, "If people have a grumble this is dealt with immediately in house" and, "We get a few compliments. It's always nice to have a compliment" and, "There is a procedure to follow. I'd tell the manager if I thought someone was unhappy."

We looked at how the provider met people's communication needs. Everyone currently receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how each person communicated and information about hand signals; gestures and key words they used to express themselves. The service had sought help and advice from other professionals to improve communication and promote people's independence.

At the time of our inspection, no-one was at the end of their lives. However, the provider had appropriate policies and procedures in place should this become necessary.

Is the service well-led?

Our findings

The service continued to be well-led.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. One relative told us, "The service is very well-led." The registered manager told us, "I monitor the culture through staff meetings and handovers. I look at the culture when new people start to ensure they are supported and not taken for granted." One member of staff said, "It's a positive working environment." Healthcare professionals told us, "I find Langley House is a well-run home" and, "I have been impressed by the management strategy, compassion and the feel that they are a team working for the well-being of their residents."

The registered manager had made links with the local community. Staff had been involved in the launch of 'Proud to Care' in Somerset, where they had encouraged other people to work in care. Proud to Care is a partnership of 16 local authorities and Health Education England working together at a regional level to raise the profile of a career in health and care. Langley House was working towards their accreditation with the National Autistic Society. The service also had positive links with Health and Social Care Services.

According to the records we inspected, the service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example, the quarterly audits showed 85% overall compliance. The registered manager identified shortfalls from these audits, and developed action plans to address them. For example, the audits identified staff needed to keep up with administration tasks; the provider changed the paperwork in response to this and at the time of our inspection the changes were being incorporated. Where work was on-going and had not been completed, the registered manager scored the home negatively. The registered manager was supported by the operations manager, who also completed spot checks on the service.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. The deputy manager told us, "People had not been able to answer the last survey anonymously. This was fed back to the provider as a suggestion for improving the questionnaire. The next questionnaire will go out shortly." Feedback from people and their relatives was positive and did not identify any issues or concerns. Comments from parents included, "The care is client centred and appropriate to needs. It is a safe and non-threatening environment with caring and well-trained staff" and,

"All the staff are very caring and seem to have gained a good understanding of [name's] needs and behaviours."

The registered manager asked staff to complete a questionnaire and acted on the feedback staff gave. Results showed 64% staff felt valued, 100% of staff had confidence in the registered manager and deputy. The registered manager held more supervisions with staff to determine why 36% of staff didn't feel valued. This year's Annual Service Review showed staff were more positive this year than last. One member of staff said, "We have an annual service review and can do this anonymously, what works well, what doesn't, how to improve, any suggestions." Other staff confirmed they were able to raise anything with the registered manager or the deputy manager, and said they were listened to.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. Staff told us they were supported in their roles and everyone was approachable. Staff said, "You're always working with other people so always staff for support. They're all approachable", "I've worked at other Voyage homes, residents always come first. We have respect for residents and their choices. We give people as much independence as we can" and, "The manager and deputy are very good, very approachable. They're good role models. They're very responsive to anything I raise, it's dealt with straight away." Staff had access to regular formal meetings. Staff and relatives also had a quarterly newsletter to keep everyone informed about activities.

All accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or trends. Staff told us, "There a clear procedure to follow and we can access all the forms we need."